## OFFICIAL FILE LLINOIS COMMENCE COMMEN

2003 JUL 15 A 10: 26

FORMAL COMPLAINT

Illinais Commerce Commission
527 E. Capitol Avenue
Springfield, Illinais 62701

For Commission Use Only:

Illinois Cenemeros Commission consumble services ofvision springrieto 63-043

CHIEF CLERK'S OFFICE Regarding a complaint by (Person making the complaint): FCANIL L	BASIC JA
Against (Utility name):	
As to (Reason for complaint) My GAS metal was not	read For 20
months Thave owned the boliding For 10 y	egar nevel Changed the
local Peoples GAS Ford It Finally At the height of SANTANA Great AND they charged me 974 there is the CHICAGO Millinois. Not PEOPATE It even the was alot lower	of the GAS PRICET I have been they will ush Fused that GAT
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
My mailing address is 6725 Ben+lcy DARIE-	11 60561
The service address that I am complaining about is 6101-05 Rockwell	•
My home telephone is [630] 73-12-00-7	
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [773] SHY-2007	
(Full name of utility company) Peoples Gas (not the provisions of the Illinois Public Utilities Act.	respondent) is a public utility and is subject
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is in	volved with your complaint.
· · · · · · · · · · · · · · · · · · ·	
<u></u>	
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complain	nt? Yes No
Has your complaint filed with that office been closed?	Yes No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed. I have the building for 10 pors never learn late with a far paragraph of four formal many make for a your then chazar me tap dollar
Please clearly state what you want the Commission to do in this case: MAKE People's GAS PAX  FOR ANY COST BUCK THE AVERAGE THERN FOR the  PAST REART For being regulat AND not reading mymetrin
Date: 7-3-03 Complainant's Signature Fuld Besulf  (Month. day, year)  If an attorney will represent you, please give the attorney's name, address, and telephone number.
You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).  VERIFICATION
A notary public must witness the completion of this part of the form.  I. Frank L 13456 To first being duly sworn, say that I have read the above petition and know what it says.  The contents of this petition are true to the best of my knowledge.  (Signature)
Subscribed and swarn/affirmed to before me on (month, day, year)  OFFICIAL SEAL William R ADRIAN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES:00/20/04

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.